


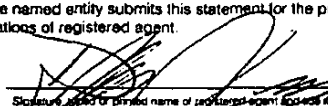
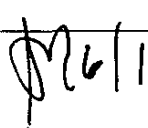
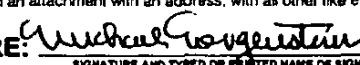
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-14-2007 90092 005 ****70.00
N00000008140

FILED

07 MAY 23 PM 12: 24

STATE OF FLORIDA
ALLAHASSEE, FLORIDA

| | | | |
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| DOCUMENT # N00000008140 | |  | |
| 1. Entity Name THE VINEYARDS AT ST. LUCIE WEST RESIDENTS' ASSOCIATION, INC. | | | |
| Principal Place of Business 1304 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983 | | Mailing Address 1304 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983 | |
| 2. Principal Place of Business - No P.O. Box # 759 SOUTH FEDERAL HIGHWAY | | 3. Mailing Address 759 SOUTH FEDERAL HIGHWAY | |
| Suite, Apt. #, etc. SUITE 212 | | Suite, Apt. #, etc. SUITE 212 | |
| City & State STUART, FLORIDA | | City & State STUART, FLORIDA | |
| Zip 34994 | Country USA | Zip 34994 | Country USA |
| 4. FEI Number 56-2289362 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | X \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BAYSHORE ASSOCIATION MANAGEMENT, INC. 1304 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983 | | 7. Name and Address of New Registered Agent Name ROSS EARLE & BONAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 759 SOUTH FEDERAL HIGHWAY SUITE 212 ATT: DEBORAH ROSS City STUART FL 34994 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE  Signature of person or printed name of registered agent, if applicable. | | Deborah L. Ross, Esq. 5/19/07 (NOTE: Registered Agent signature required when reinstating) DATE | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State. | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RIELLY, SHAWN 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D THOMAS HALDANE 896 SW GRAND RESERVES BLVD PORT ST LUCIE FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RENTA, CHRISTOPHER 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D MICHAEL MORGENSTEIN 894 SW GRAND RESERVES BLVD PORT ST LUCIE, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MCCURRY, WES 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D SAM PAGLIONE 941 SW GRAND RESERVES BLVD PORT ST LUCIE, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/P ROBERT KING 953 SW GRAND RESERVES BLVD PORT ST LUCIE, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARY KARWOSKI 824 SW GRAND RESERVES BLVD PORT ST LUCIE, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | VICE PRESIDENT MAY 1, 2007 (772) 344-0337 Date Daytime Phone # | |

MICHAEL MORGENSTEIN